

# Fisheries Business Monthly Payment and Report

Month

Year

**568**

Due: 15th day of the month following month of activity.

Individual or Corporation name	Federal ID <input type="checkbox"/> EIN <input type="checkbox"/> SSN	Fish Bus Lic #
--------------------------------	--	----------------

	Pounds	Value	Rate	Fisheries Business Tax
Salmon Cannery			4.5%	

## Shore-Based

Salmon			3%	
Other species - Established			3%	
Other species - Developing			1%	

## Floating

Salmon			5%	
Other species - Established			5%	
Other Species - Developing			3%	

1. Totals	A.	B.	
2. ASMI Seafood Marketing Assessment (multiply box A x .005)			
3. Salmon Enhancement Tax from line 16 of Form 04-566 (attach form)			
4. Regional Seafood Development Tax from line 5 of Form 04-582 (attach form)			
5. Dive Fishery Management Assessment (see instructions)			
6. Total Monthly Payment due (add lines 1B, 2, 3, 4 and 5)			

## Electronic Payment Information

If your liability exceeds \$100,000, you must use the Tax Online Payment System (TOPS) at <a href="http://www.tax.alaska.gov">www.tax.alaska.gov</a> or wire transfer		
Check if you are remitting by:  <input type="checkbox"/> Wire Transfer  <input type="checkbox"/> TOPS	If using wire, indicate date of transfer below  _____ (Date)	If using TOPS, provide the confirmation number for each tax type below FBT: _____ ASMI: _____ SET: _____ RSD: _____ DIVE: _____

*I declare under penalty of unsworn falsification that the information provided in this return has been reviewed by me, and to the best of my knowledge and belief is true, correct, and complete. I understand that the failure to pay all amounts required under AS 43.75.055(c) may result in the suspension of this fisheries business license and termination of security under this monthly payment option.*

Signature of Taxpayer or Authorized Officer	Type or Print Name	Date
---	--------------------	------

Pay online at [www.tax.alaska.gov](http://www.tax.alaska.gov)  
or make check payable to **State of Alaska**

**Mail to:** Alaska Department of Revenue - Tax Division  
PO Box 110420•Juneau•AK 99811-0420  
Telephone 907-465-2320  
FAX 907-465-3566

Department use only
PMD
Validation

**568**

Retain a copy for your records

Form 0405-568 web rev 06/08